



Texas Commission on Environmental Quality
PETROLEUM STORAGE TANK PROGRAM
RELEASE DETERMINATION REPORT FORM

FORM INSTRUCTIONS: Use this form to report 1) the results from the investigation of a suspected or confirmed release, or 2) to report the results of the permanent removal from service of a UST, or 3) the results of the routine removal of an AST from service, and/or 4) any routine environmental site assessment (ESA) at PST sites where a 'no further action' letter from TCEQ is desired (routine AST removals and routine ESAs are not specifically regulated by TCEQ). Refer to *Investigating and Reporting Releases from Petroleum Storage Tanks* (RG-411) for more information. Note, the initial report of a suspected or confirmed release must be made within 24 hours of discovery using the form, ***PST Program Incident Report (IR) form (TCEQ-20097)***. Submit completed forms to PST-RPR, TCEQ, MC 137, P.O. Box 13087, Austin, Texas 78711-3087. **DO NOT MODIFY THIS FORM IN ANY WAY. Complete all applicable blanks.** Incomplete forms, including forms missing relevant attachments, will be returned without review.

RDR FORM CHECKLIST

PLEASE NOTE: The following documents are required to be attached to this form upon submittal. Complete the checklist and attach each listed document to the back of the form, or provide a written statement explaining why a particular item on the checklist is not applicable/not available:

- ☐ Copy of original Construction Notification form filed with the TCEQ regional office for the field construction activity.
- ☐ Scaled site diagram(s) showing location & layout of tank system(s) including pipe chases, dispensers, and any remote fill ports; all sampling points, North arrow, scale, nearest intersection of main roads. Previously removed tank systems should also be indicated.
- ☐ Written description of tank removal activities, including removal of substances from tanks, tank cleaning/purging/inerting activities, and tank condition (corrosion holes, tears, rust, etc.). Include description of piping and dispenser equipment condition.
- ☐ Written description of site sampling activities, including sample equipment used, decontamination procedures, sample collection and handling methods, sampling locations and summary of overall sampling rationale.
- ☐ Copies of signed laboratory reports, complete chain-of-custody and laboratory check-in sheet documentation including sample receipt temperature, sample preservation methods, date and time of sample collection, laboratory QA/QC etc.
- ☐ Waste disposal, treatment, recycling or reuse documentation, including waste manifests signed and dated by all relevant parties. Manifests should have all required signatures and dates, and show waste type, quantities and units.
- ☐ Photographs (originals or high resolution color copies) of the site showing all parts of tank system (tanks, dispensers, piping, etc.), all excavated areas including excavation bottoms, stockpiles, etc.
- ☐ Tank destruction documentation (no. of tanks, size(s), former contents, tank composition [e.g., steel, fiberglass, etc.]) including date of disposal and facility name, address and contact information.
- ☐ Copy of amended *UST or AST Registration and Self-Certification form* (TCEQ-00724 or TCEQ-00659, respectively) as applicable. Originals should be sent to the PST Registration Team (MC-138), TCEQ, P.O. Box 13087, Austin, TX 78711-3087.
- ☐ Boring logs and well completion diagrams/well reports, as applicable. Logs should include field screening.
- ☐ RCAS/CAPM and/or LOSS signatures are required on page 7 of this form.
- ☐ A statement certifying that at the time the data in this report were generated, the laboratory was NELAC-accredited through the Texas Laboratory Accreditation Program for the environmental matrices, analytical methods, and parameters analyze or cite the exception allowed under 30 Texas Administrative Code §25.6.

SUMMARY

Based on the information obtained during this release determination and by comparing the nondetected results and the detected results to the method quantitation limits (MQLs) and the PST Program action levels, check all that apply:

- ☐ No detected or nondetected results for a contaminant exceeded the respective MQL or background.
 - ☐ The detected or nondetected results for one or more contaminants exceeded the respective MQLs/background, but did not exceed the PST Program action levels.
 - ☐ The detected or nondetected results for one or more contaminant exceeded the PST Program action levels.
 - ☐ Tank pit water was present. If present, was water sampled? ☐ Yes ☐ No
 - ☐ A groundwater sample representative of the first water-bearing zone was collected and analyzed (i.e., monitoring well installed).
 - ☐ A representative groundwater sample was collected and analyzed and one or more contaminants exceeded action levels.
 - ☐ This site is a new LPST site.
 - ☐ This site is an existing LPST case, there is no new release, and this Release Determination Report is being submitted as the tank removal-from-service documentation.
 - ☐ The laboratory was NELAC-accredited through the Texas Laboratory Accreditation Program for the data in this report at the time the data were generated. If not, then cite the applicable 30 TAC §25.6 rule exception(s) that apply to the data.
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Is the responsible party financially able to complete the next appropriate step? ☐ YES or ☐ NO If no, and an LPST number is assigned to this case, you may contact the PST-RPR Section at 512/239-2200 to request information on the State-Lead option. Pursuit of this option requires submittal of detailed financial information including recent tax returns and other IRS documentation. Please note that pursuit of this option is only possible once an LPST number has been assigned.

Answer the following question for all LPST cases subject to 30 TAC 334. Is this case eligible for reimbursement of necessary corrective actions? ☐ YES or ☐ NO If not, appropriate corrective action in accordance with applicable rules and guidance may continue without specific direction or approval from the PST-RPR Section, however, coordination with PST-RPR is recommended. If the site is eligible for reimbursement, all corrective action activities, with the exception of initial NAPL recovery and emergency abatement activities must be preapproved prior to initiation.

A. GENERAL INFORMATION

Pre-existing LPST ID No.? ☐ NO or ☐ YES : _____ (LPST no[s].) _____ TCEQ Region: _____

Facility ID No.: _____ Required unless one of the following applies:

☐ Check here if tank registration is not required for this site (per 30 TAC §334.7), **and** check one of the following as applicable:

- ☐ The tank(s) are partially excluded or exempted from jurisdiction under 30 TAC Chapter 334. Specify type or usage of tank(s): _____
- ☐ The tank(s) were permanently removed from the ground before May 8, 1986 (provide date of removal _____);
- ☐ The tank(s) remained in the ground but were emptied, cleaned, and filled with inert substance before January 1, 1974 (provide date of activities: _____);
- ☐ The tank(s) were out of operation, their existence was unknown (i.e., "ghost tank"), and they were permanently removed from service within 60 days of their discovery (provide date of discovery: _____ and describe method of discovery: _____)

Tank Owner: _____

Tank Owner Mailing Address: _____

Tank Owner City: _____ State: _____ Zip: _____

Tank Owner Contact Person: _____ Phone: _____ Fax no.: _____

Tank Operator (if different from tank owner): _____

Tank Operator Mailing Address: _____

Tank Operator City: _____ State: _____ Zip: _____

Tank Operator Contact Person: _____ Phone: _____ Fax no.: _____

Land Owner (if different from tank owner and operator): _____

Land Owner Mailing Address: _____

Land Owner City: _____ State: _____ Zip: _____

Land Owner Contact Person: _____ Phone: _____ Fax no.: _____

If site is a pre-existing LPST site with no new release or is a new LPST site, which of these parties will oversee the corrective actions at this site? ☐ Tank Owner ☐ Tank Operator ☐ Land Owner ☐ Other (not the contractor or consultant):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Contact person: _____

Phone: _____ Fax: _____

Please note that no matter which party conducts corrective action, the tank owner and the tank operator are jointly responsible for the necessary corrective actions.

Facility Name: _____

Facility Physical Address: _____

Facility City: _____ County: _____ County Code (see p. 8): _____

A. GENERAL INFORMATION (continued)

Indicate ALL tanks **currently and formerly** located at this site (attach pages as necessary):

	<u>Type (UST/AST)</u>	<u>Product Type</u>	<u>Size (approx. gal)</u>	
Current:	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
	_____	_____	_____	
Former:	_____	_____	_____	<u>Date Removed from Service</u>
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

B. SUSPECTED RELEASE INFORMATION

Complete only this section and sections E through G as appropriate when a release is suspected to have occurred and it was documented that a release had not occurred.

Date suspected release discovered: _____ Reason release suspected: _____

Date suspected release reported to TCEQ: _____ Reported to: _____

Possible source(s) of release: (check all that apply) Tanks: ☐ USTs ☐ ASTs ☐ Piping ☐ Overfills/spills ☐ Unknown ☐
Other: _____

Type of substance(s) suspected released (check all that apply): ☐ Gasoline ☐ Diesel ☐ Used Oil ☐ Aviation Gasoline
☐ Jet Fuel (type: _____) ☐ Alcohol-blended fuel (Type and percentage of alcohol: _____)
☐ Other: (be specific) _____

Were UST/AST system tank and/or line tightness tests performed? ☐ YES or ☐ NO If yes, attach test data and results.
Did the tests indicate that all tanks and piping were tight? ☐ YES or ☐ NO If No, specify the portion of the tank system(s) that were found not to be tight: _____

Were any repairs conducted on the tank system(s)? ☐ YES or ☐ NO If yes, describe type(s) and location of repairs: _____

Were tightness tests performed after repairs were conducted? ☐ YES or ☐ NO If yes, attach test data and results.
Did the tests indicate that the repaired items were tight? ☐ YES or ☐ NO If No, specify the portion of the tank system(s) that were found not to be tight: _____

Were any soil confirmation samples collected? ☐ YES or ☐ NO If yes, were all potential source areas investigated?
☐ YES or ☐ NO If samples were collected, attach descriptions of sample locations, collection methods, and laboratory results.

Were any groundwater confirmation samples collected? ☐ YES or ☐ NO If yes, were all potential source areas investigated?
☐ YES or ☐ NO If samples were collected, attach descriptions of sample locations, collection methods, aquifer name, and laboratory results. (Groundwater sampling is not required at this point unless there is reason to suspect impact.)

C. CONFIRMED RELEASE INFORMATION

Complete this section only if a release was confirmed; i.e., contaminant levels exceeded MQLs

Date release confirmed: _____ Date release reported to TCEQ: _____ Reported to: _____

Is this the first release from a UST or AST discovered at this site? ☐ YES or ☐ NO

Are there any other contamination or potential impacts to human health from any source other than the tank systems at this site?

☐ YES or ☐ NO If yes, indicate type and location of contamination: _____

Reported to TCEQ by: _____ Representing: _____

Method of release discovery:

- | | |
|---|--|
| <input type="checkbox"/> Samples collected during tank removal-from-service activities | <input type="checkbox"/> Impact to utility line |
| <input type="checkbox"/> Samples collected during other tank system construction activities | <input type="checkbox"/> Impact to surface water |
| <input type="checkbox"/> Samples collected during release determination investigation | <input type="checkbox"/> Impact to water well |
| <input type="checkbox"/> Other: _____ | |

Method of release confirmation: (check all that apply)

- ☐ Soil samples ☐ Groundwater samples ☐ Surface water samples ☐ Documentation of presence of NAPL

Source(s) of release (check all that apply): ☐ USTs ☐ ASTs ☐ Piping ☐ Dispenser ☐ Submersible Turbine Pump Area

☐ Overfills/spills ☐ Unknown ☐ Other: _____

Substance(s) released (check all that apply): ☐ Gasoline ☐ Diesel ☐ Used Oil ☐ Aviation Gasoline

☐ Alcohol-blended fuel (Type and percentage of alcohol: _____)

☐ Jet Fuel (type: _____) ☐ Other: (be specific) _____

Amount of product released: _____ Chemical Abstract Service registry #: _____ (for hazardous substances)

Were any soil samples collected? ☐ YES or ☐ NO (check one) If yes, attach descriptions of sample locations, collection methods and laboratory results.

Type of native soil: (check one) ☐ Clay or silt ☐ Sand, gravel or rock

Were any groundwater confirmation samples collected? ☐ YES or ☐ NO (check one) If yes, attach descriptions of sample locations, collection methods, aquifer name, and laboratory results.

Known Impact(s): (check all that apply) ☐ Soil ☐ GW ☐ Surface Water ☐ Subsurface Utilities - type: _____

☐ Buildings ☐ Water wells ☐ Other sensitive receptors: _____

Was the land owner (if different from the tank owner) notified of the contamination? ☐ YES or ☐ NO (check one) If Yes, attach copy of the letter which provided the notification. If No, documentation that notification was provided must be submitted within 30 days from the date the impact is discovered.

Possibly Threatened: (check all that apply) ☐ GW ☐ Surface Water ☐ Subsurface Utilities - type: _____

☐ Buildings ☐ Water wells ☐ Other sensitive receptors: _____

Was NAPL detected (greater than 0.01 feet)? ☐ YES or ☐ NO (check one) If yes, describe how and where it was detected, the thickness detected, and the recovery actions taken: _____

D. ABATEMENT MEASURES

Were abatement measures initiated to stop the release or to recover the released substance? ☐ **YES** or ☐ **NO** (check one) If yes, describe the abatement and/or recovery measures taken and the dates and duration of the activities: _____

Were UST/AST system tank and/or line tightness tests performed? ☐ **YES** or ☐ **NO** (check one) If yes, attach test results.
Did the tests indicate that all tanks and piping were tight? ☐ **YES** or ☐ **NO** If No, specify the portion(s) of the tank system(s) that were found not to be tight: _____

Were any repairs conducted on the tank system(s)? ☐ **YES** or ☐ **NO** (check one) If yes, describe type(s) and location of repairs: _____

Were tightness tests performed after repairs were conducted? ☐ **YES** or ☐ **NO** (check one) If yes, attach test results.
Did the tests indicate that the repaired items were tight? ☐ **YES** or ☐ **NO** If No, specify the portion of the tank system(s) that were found not to be tight: _____

E. FIRE/TCEQ/OTHER OFFICIALS NOTIFIED

Were any other officials notified? ☐ **YES** ☐ **NO** (check one) If Yes, indicate:

<u>Name</u>	<u>Representing</u>	<u>Phone number</u>	<u>Date(s) Notified</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Were any directives issued by the fire or other officials? ☐ **YES** or ☐ **NO** If Yes, describe directives and actions taken in response to the directive: _____

F. WASTE DISPOSITION

Indicate the status of all wastes and other materials generated:

<u>Type of waste (soil, water, product)</u>	<u>Quantity and Units</u>	<u>Method and location of disposal or treatment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

G. REPORT PREPARATION

A Licensed On-Site Supervisor may complete and sign this form when the supervisor is acting in an approved capacity for tank removal-from-service or tank system repair activities.

Licensed On-Site Supervisor: _____ ILP Reg. No.: _____ Exp. Date: _____

Company: _____

Telephone No.: _____ FAX No.: _____

Based on the results of the site investigation and the additional information presented herein, I certify that the site investigation activities performed either by me, or under my direct supervision, including subcontracted work, were conducted in accordance with accepted industry standards/practices and further, that all such tasks were conducted in compliance with applicable TCEQ published rules, guidelines and the laws of the State of Texas. I have reviewed the information included within this report, and consider it to be complete, accurate and representative of the conditions discovered during the site investigation. I acknowledge that if I intentionally or knowingly make false statements, representations, or certifications in this report, I may be subject to administrative, civil, and/or criminal penalties.

Signature: _____ Date: _____

OR

Project Manager: _____ PM Reg. No.: _____ Exp. Date: _____

Company: _____

Telephone No.: _____ FAX No.: _____

Based on the results of the site investigation and the additional information presented herein, I certify that the site investigation activities performed either by me, or under my direct supervision, including subcontracted work, were conducted in accordance with accepted industry standards/practices and further, that all such tasks were conducted in compliance with applicable TCEQ published rules, guidelines and the laws of the State of Texas. I have reviewed the information included within this report, and consider it to be complete, accurate and representative of the conditions discovered during the site investigation. I acknowledge that if I intentionally or knowingly make false statements, representations, or certifications in this report, I may be subject to administrative, civil, and/or criminal penalties.

PM Signature: _____ Date: _____

AND

CAS Representative: _____ CAS Reg No.: _____ Exp. Date: _____

Company: _____

Telephone No.: _____ FAX No.: _____

By my signature affixed below, I certify that I am the duly authorized representative of the Correction Action Specialist named and that I have personally reviewed the site investigation results and other relevant information presented herein and considered them to be in accordance with accepted standards/practices and in compliance with the applicable TCEQ published rules, guidelines and the laws of the State of Texas. Further, that the information presented herein is considered complete, accurate and representative of the conditions discovered during the site investigation. I acknowledge that if I intentionally or knowingly make false statements, representations, or certifications in this report, I may be subject to administrative, civil, and/or criminal penalties.

Signature of CAS Representative: _____ Date: _____

Name of Tank Owner or Operator, or property owner contact: _____

Telephone No.: _____ FAX No.: _____

By my signature affixed below, I certify that I have reviewed this report for accuracy and completeness of information regarding points of contact and the facility and storage tank system history and status. I acknowledge that if I intentionally or knowingly make false statements, representations, or certifications in this report related to the contact information, and the facility and storage tank system history and status information, I may be subject to administrative, civil, and/or criminal penalties. I attest that I have reviewed this report for accuracy and completeness. I understand that I am responsible for addressing this matter.

Signature: _____ Date: _____

COUNTY CODE LIST

1	Anderson	38	Childress	75	Fayette	112	Hopkins	149	Live Oak	186	Pecos	223	Terry
2	Andrews	39	Clay	76	Fisher	113	Houston	150	Lamb	187	Polk	224	Throckmorton
3	Angelina	40	Cochran	77	Floyd	114	Howard	151	Loving	188	Potter	225	Titus
4	Aransas	41	Coke	78	Foard	115	Hudspeth	152	Lubbock	189	Presidio	226	Tom Green
5	Archer	42	Coleman	79	Fort Bend	116	Hunt	153	Lynn	190	Rains	227	Travis
6	Armstrong	43	Collin	80	Franklin	117	Hutchinson	154	McCulloch	191	Randall	228	Trinity
7	Atascosa	44	Collingsworth	81	Freestone	118	Irion	155	McLennan	192	Reagan	229	Tyler
8	Austin	45	Colorado	82	Frio	119	Jack	156	McMullen	193	Real	230	Upshur
9	Bailey	46	Comal	83	Gaines	120	Jackson	157	Madison	194	Red River	231	Upton
10	Bandera	47	Comanche	84	Galveston	121	Jasper	158	Marion	195	Reeves	232	Uvalde
11	Bastrop	48	Concho	85	Garza	122	Jeff Davis	159	Martin	196	Refugio	233	Val Verde
12	Baylor	49	Cooke	86	Gillespie	123	Jefferson	160	Mason	197	Roberts	234	Van Zandt
13	Bee	50	Coryell	87	Glasscock	124	Jim Hogg	161	Matagorda	198	Robertson	235	Victoria
14	Bell	51	Cottle	88	Goliad	125	Jim Wells	162	Maverick	199	Rockwell	236	Walker
15	Bexar	52	Crane	89	Gonzales	126	Johnson	163	Medina	200	Runnels	237	Waller
16	Blanco	53	Crockett	90	Gray	127	Jones	164	Menard	201	Rusk	238	Ward
17	Borden	54	Crosby	91	Grayson	128	Karnes	165	Midland	202	Sabine	239	Washington
18	Bosque	55	Culberson	92	Gregg	129	Kaufman	166	Milan	203	San Augustine	240	Webb
19	Bowie	56	Dallam	93	Grimes	130	Kendall	167	Mills	204	San Jacinto	241	Wharton
20	Brazoria	57	Dallas	94	Guadalupe	131	Kenedy	168	Mitchell	205	San Patricio	242	Wheeler
21	Brazos	58	Dawson	95	Hale	132	Kent	169	Montague	206	San Saba	243	Wichita
22	Brewster	59	Deaf Smith	96	Hall	133	Kerr	170	Montgomery	207	Schleicher	244	Wilbarger
23	Briscoe	60	Delta	97	Hamilton	134	Kimble	171	Moore	208	Scurry	245	Willacy
24	Brooks	61	Denton	98	Hansford	135	King	172	Morris	209	Shackelford	246	Williamson
25	Brown	62	DeWitt	99	Hardeman	136	Kinney	173	Motley	210	Shelby	247	Wilson
26	Burleson	63	Dickens	100	Hardin	137	Kleberg	174	Nacogdoches	211	Sherman	248	Winkler
27	Burnet	64	Dimmit	101	Harris	138	Knox	175	Navarro	212	Smith	249	Wise
28	Caldwell	65	Donley	102	Harrison	139	Lamar	176	Newton	213	Somerville	250	Wood
29	Calhoun	66	Duval	103	Hartley	140	Lamb	177	Nolan	214	Starr	251	Yoakum
30	Callahan	67	Eastland	104	Haskell	141	Lampasas	178	Nueces	215	Stephens	252	Young
31	Cameron	68	Ector	105	Hays	142	La Salle	179	Ochiltree	216	Sterling	253	Zapata
32	Camp	69	Edwards	106	Hemphill	143	Lavaca	180	Oldham	217	Stonewall	254	Zavala
33	Carson	70	Ellis	107	Henderson	144	Lee	181	Orange	218	Sutton		
34	Cass	71	El Paso	108	Hidalgo	145	Leon	182	Palo Pinto	219	Swisher		
35	Castro	72	Erath	109	Hill	146	Liberty	183	Panola	220	Tarrant		
36	Chambers	73	Falls	110	Hockley	147	Limestone	184	Parker	221	Taylor		
37	Cherokee	74	Fannin	111	Hood	148	Lipscomb	185	Parmer	222	Terrell		